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group of patients; 4 hours and 57 minutes in the medical group and 4 hours and 39 minutes in the surgical group.² In the light of this standard, it is easy to judge how far short we fall in nursing requirements in most of our hospitals. None of the hospitals in New York City reaches this standard, two show as high an average as 4.8 hours, but there are some as low as .6 of one hour per patient in 24 hours.³ The municipal hospitals, because of a niggardly policy of the city, fall much below the above standard, but even our best hospitals are considerably below.

It is with this in view that the statement can be made that the bed capacity alone does not indicate the availability of hospital facilities. Hospitals with a nursing standard falling so much below the requirements for adequate nursing as many of them do should not consider themselves able to run to full capacity. This leads one to emphasize the immediate need of ampler maintenance funds rather than of additional facilities when the hospital situation of a large city like New York is considered.

IN LABRADOR

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I HAD dreamed of Labrador since I was a wee youngster for I had heard my father tell of a man who had come from England to help those isolated people not only from a medical standpoint, but from a social and economic one as well. That man the world knows today as Dr. Wilfred T. Grenfell. I wanted to see that country, to serve it if only in a small way, and now since that experience has become a memory, I want to give a brief account of it for others who may be interested.

We sailed from Quebec on the *Labrador*, which is about one hundred and twelve feet long and twenty-six feet wide. She has space for fifteen first-class passengers, while there were thirty on board.

We managed to crawl down the gangway which literally stood upon end, as it was low tide. When we reached the deck we found a poor fisherman's wife sitting on a pile of rough lumber with five children about her and an infant one month old in her arms. She

² Miss Greener described in detail in the February, 1921, issue of the *Modern Hospital* the study as it was carried out at Mt. Sinai Hospital.

³ This hospital has a considerable proportion of chronic patients.

said, "It is so hot here," and it certainly was. The baby was securely wrapped in red flannels and "just a cotton quilt over its face for a covering." It was scarlet and had regular periods of suffocating, but "'tis the way of the coast" to care for an infant. The rough lumber, which almost covered the deck, belonged to an Episcopal minister who was taking it with him to build a church somewhere on the north shore. In one spot chicken crates were piled with their contents of crowing roosters, quacking ducks and squeaking guineas. These served as our deck chairs during the loading.

When it came time to retire, four of us found ourselves in the same stateroom. All I can say is that the carpenter who constructed it was not only a genius, but must have been ambidextrous as well. I concluded that I would leave it to my companions and let them retire upon the installment plan. I attempted to sleep outside. Never had I known that so small a boat could have so many angles and curves. I tried them all, and finally curled around the smokestack, where I remained until three-thirty.

Twenty stops were made between Quebec and Harrington and each place seemed more interesting than the last, for the north shore of the St. Lawrence is chiefly populated by the French, but at not a few places we saw both Eskimos and Indians. We generally anchored outside and all the small boats of the village would come out to load and unload our cargo. Passengers were quickly exchanged, a hasty "*bon jour*," the whistle blew and we were off for the next port. We were four days making the trip and had delightful weather most of the time.

Everyone was out early for we wanted to see it all. The Laurentian Range was covered with snow almost all of the way. We finally saw Harrington,—far away on a rocky promontory was the wireless mast with the operator's tiny white house close by, and it was not long before the Harrington group was spread out before us with its many long, low islands, three of which—the only ones inhabited—were dotted with small white houses.

The community of Harrington is situated just off Cape Whittle along the north shore of the Saint Lawrence about seventy five miles west of the straits. To one accustomed to other climes the landscape is striking. It has a solemn and austere beauty. Although on the islands nature forbids trees, shrubbery, and almost grass, the ragged and undulating rock of somber hue, dotted with patches of moss and eroded with scars of ice in ages past, presents a variety and beauty of its own, blending fittingly with the skies and waters of this northern panorama. It is barren and bleak and isolated beyond description, but not only its inhabitants, but many of its volunteer

workers think there is no other place quite so attractive. The community proper is nestled in a little cove close by the sea. It consists of forty families who attend two churches, an Anglican and a Presbyterian. There is also a mission hall where public gatherings are held. The hospital¹ is a two and a half story frame building with a capacity for fifteen beds, as well as facilities for housing the nursing personnel and help. The resident physician has a cottage near by where he and his family live. The hospital was equipped better than I had anticipated, including an operating room and reasonable facilities for examinations. Among its other belongings were a cow, chickens and dogs. The cow and chickens were not only a great benefit, but were as well an object of perennial interest to the community at large for they were the first of their kind which had appeared upon the islands.

To me the dogs created no end of fascination and fear. They are large, beautiful, shaggy, and usually white. They are never known to bark, but sit on their haunches with their heads turned heavenward, jaws relaxed, and howl for hours. Of all weird incantations there is nothing like it except more Eskimo dogs. They generally chose 2 a. m. under my window for their conventions. At times it was rather trying and one was almost driven to using the Army phrase, "Snap out of it," but the Eskimo dog is invaluable to the inhabitants. When on night duty I naturally did not mind it so much, but the patients would often offer a complaint, calling out, "Oh, sister, what a won'erful noise them dogs is makin'." "Won'erful" was a form of superlative which they applied to any and all conditions whether a beautiful or a cold or a stormy day, whether a sense of joy or pain or sorrow. It was always "won'erful."

Now as to our work and the class of patients. The latter were nearly all fishermen and their families and the work consisted of everything from maternity cases to plaster casts. One of the things which made a profound impression upon me was the large number of tubercular chest and bone conditions, due to lack of proper nourishment and unfortunate housing and clothing. So our duties were not in specialising. It was the care of an expectant mother or that of a tubercular patient with casts and appliances, a case of starvation or a child suffering with the after effects of the "flu." Some days we were busier than others, as when an operation was on hand or when a maternity case was to come off. If it were in the hospital,

¹ This is one of six hospitals maintained by the Grenfell Association. The others are at St. Anthony (the home of Dr. Grenfell), Battle Harbor, Indian Harbor, North West River, and Pilley's Island. Nursing stations are maintained at Forteau, St. Lewis Bay, and Flowers Cove on the West Coast of Newfoundland.—Ed.

well and good, but if it were in the home, that was another story. One home I remember well. I was called at 4 a. m. by the resident nurse who asked if I wished to go out "to assist in an obstetric case." "Anywhere if I can be of service," I replied. I crawled out and dressed quickly. It was only a short distance and I followed the instructions to avoid the marshes by skirting the water's edge. I was warmly greeted at the fisherman's cottage and was ushered into the room where lay the expectant mother. As she was suffering, I said more in sympathy than for information, "Have you a great deal of pain?" She looked at me with her clear blue eyes and replied, "Oh, not too bad." That too is a coast expression.

I was surprised to find the home so immaculately clean—small rooms with low ceilings, but everything in order. It seemed like a big doll's house rather than a fisherman's cottage. The little woman had to be taken to the hospital, carried on a stretcher by the doctors, and there her baby greeted the world soon after.

I have previously described the poverty of the soil along the coast and it must be remembered that the winters are long and severe, the first snow coming in October and lasting until April or even June. The entire harbor is frozen over and travel is by dog teams hitched to komatiks from island to island and over to the mainland, more than five miles distant. It is from the mainland that the year's supply of fuel (wood) is brought by these same dog teams. This land is cut off for seven months of the year from communication by steam with the outside world.

I do not mean to give the impression that the sun never shines. On the contrary, when there are clear sunshiny days in summer with a wonderful blue sky overhead, I cannot imagine a more ideal climate. There are many such days, but the cloudy, cold, foggy ones outnumber them. And such fog—it can come and go so quickly that it only adds to the mysterious fascination of the country, while the actinic rays of the sun are so intense that the briefest exposure results in a burn.

The Labrador diet is most limited,—principally fish. In winter one can say that it is *the* diet, for with it they have only bread, with molasses for sweetening, and rice which they cook in a phenomenal cement form and which they call "puddin'." Their diet is restricted because the climate prevents the production of fruits, vegetables and domestic animals. All vegetables, fruit and milk must be brought in cans by steamer and must be purchased by coin or trade. Each family provides itself as its more or less limited purse may permit. The hospital endeavors to maintain a reasonable supply of food, a privilege which is not enjoyed by all along the coast.

The sole enterprise and means of subsistence is that of the great cod fisheries, which are, I believe, the largest in the world. So in the hospital the chief topic of conversation would be, "Are ye gittin' many fish?" or "Sister, 'tis a fine day fer dryin' fish." A patient would peer out of the window, gazing into what seemed to be space, when of a sudden his face would light up and he would remark, "I see Bill Mack's schooner comin' round the point." "Where?" I would ask. "Oh, I can just see the top o' her mast," would be the reply. That they could distinguish anything upon the water at any time was always a source of wonderment to me. They could tell the size of the boat, how many people and fish on board, whence they came and if she were having a "fair wind," with such accuracy that I wondered if they could tell how many shillings the skipper had in his pocket.

Our port was almost the first English speaking community up from Quebec and to hear them drop their "h" was ever amusing. Their cheerfulness, gratitude and patience were a continual inspiration to us. They always addressed us as "Sister," and no matter what they asked for or what they received it was "Please, sister," or "Thank you, sister." Courtesy and politeness were innate in them, even in their isolation. There were many pathetic illustrations of their simplicity and ingenuousness. One patient of whom I inquired if she had ever seen beans growing, brightened up and said, "Oh, yes, I has seen beans grow. I put them in a can once in the house and they grewed all round the window. They was not much to eat, only to see." Another poor soul, who seemed just awaiting the summons, had a most annoying cough and a worn out haggard look—hard work, poverty and lack of recreation had left their imprint upon him. When I looked at his chart I was shocked to find that he was only forty-four. I asked him one day, "Tom, where do you live?" "Oh, in the little house you sees in the cove. Me and me brother lives there together. We owns it in partnership, he owns half and I owns the other half. He is married and I am not, but we meals together." I said, "Does he ever come to see you?" "Oh, yes, sister, dat be him on top o' dat chair" (pointing in the direction of the chair) "last night." One might have thought he was referring to a crate of oranges or a basket of potatoes. At another time I took him a small white flower of cottony texture and said, "Tom, what is the name of this?" "Oh, sister, I spose there is a name fer it, but I jest calls 'em flowers." He was always, always satisfied and grateful for the least service. He recovered from the cough and is back "fishin'" again. When I sailed he came rowing out and called to me, "Oh, sister, I jes comes out to say goodbye. God bless you and come back again."

While I have given an abridged description of my experiences and observations in Labrador, there is so much of humanity, pathos, life and fate that volumes might be written. If I have made clear to others the character of these people and their conditions of living, I shall have accomplished much. They are not crude and uncivilized as many have imagined. They may be rough and untutored, but they are industrious, hardy, kind, patient, clean and sturdy. Crime is practically unknown. They come primarily from the same stock as our American ancestors, but like flowers struggling on a barren soil, their development has been retarded by adverse circumstances and environment.

It is for these people that the International Grenfell Association maintains along this coast, stretching for hundreds of miles along the Gulf of the Saint Lawrence and the bleak Atlantic from Newfoundland northward a number of centers where hospitals and medical facilities are provided, schools, orphanages, industrial training plants and coöperative stores. This is done not as a charity, but as a means of rendering these people self-supporting and to bring to their doors some of the advantages enjoyed in other lands. A large portion of the help in this movement is volunteer and funds are contributed by every continent.

Our lives have been made richer by contact with the Labrador folk and our association with the other workers. While we may have given to them, in return we have seen the vision of faith, sincerity, gentleness and simplicity. They are as the little children, "for of such is the kingdom of heaven." We all aspire to make our lives useful to our fellow man. I am ready to serve them again at any time and under any condition. My experience with them has but accentuated the impression I gained when in France during the war, that it is service to humanity, no matter in what portion of the globe, which leaves with us a lasting sense of satisfaction.

THE last report from the treasurer of the Delano Memorial Committee states that the present status of the fund is \$9,054.18—a gain of approximately \$2,500 since the first of February.

One item shows a contribution from the Student Nurses of the Indiana University School of Nursing, of \$112.00. It is believed that an effort should be made to interest the student nurses in this memorial and therefore in the work of the Red Cross.